

FIRST WORLDWIDE CONFERENCE CALLS FOR ACTION ON NINE FRONTS AGAINST CIGARETTES

BY CLIFTON R. READ*

Far-reaching recommendations to end the upward spiral of cigarette sales, lung cancer, emphysema, and cardiovascular disease were made by the first World Conference on Smoking and Health at the Waldorf-Astoria Hotel in New York, September 11-13.

More than 500 government leaders, educators, scientists, epidemiologists, psychologists, broadcasters, editors, physicians discussed clinical, laboratory, and behavioral research, epidemiology, public education in schools and colleges, government action and legislation, cigarette withdrawal clinics, the media and advertising, exemplar non-smoking, the manufacture of less harmful cigarettes.

Many needs were stressed at the Conference but perhaps the most significant was the importance of continuing the exchange of ideas, plans, and experience. Speakers and work groups made a number of suggestions for a solution of the

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isolation so many scientists and educators feel.

Here are some of the proposals that would lead to an international, regional, and local cross-fertilization of ideas:

— A working committee, international and interdisciplinary, to follow up on the many suggestions for behavioral research including standardization of instruments and definitions of criteria, gathering of baseline data in each country, fullest exchange of information and review of literature.

— A conference of experts on the physiological, psychological, and pharmacological aspects of drug dependence to review scanty knowledge on tobacco dependence and to outline research proposals.

— Establishment of a multi-disciplined group within an appropriate research organization to insure effective studies on cigarette dependence.

— A work group of physicians and scientists to meet at three-month intervals on development of a less hazardous cigarette. (It is hoped scientific directors of the tobacco industry will join.)

— A series of conferences on smoking and health on a worldwide regional basis for teachers, to be financed by governmental and private agencies.

— Each university, medical school and hospital should establish a committee to review policies and practices, and to make recommendations to reduce health hazards by eliminating cigarette smoking.

— A task force under the National Interagency Council on Smoking and Health to review data submitted at the World Conference on withdrawal, and prepare a summary for the public.

— Establishment of a research institute on tobacco and health to be funded by voluntary agencies such as the American Cancer So-

ciety, the American Heart Association, the National Tuberculosis Association, and the National Clearinghouse on Smoking and Health.

Among those participating were top public health officers and/or researchers from Argentina, Australia, Brazil, Canada, Chile, Colombia, Czechoslovakia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Netherlands, Norway, Peru, Philippines, Poland, Portugal, Rumania, Sweden, Switzerland, Thailand, Turkey, United Kingdom, Venezuela, Yugoslavia, and from 42 states of the United States.

Senator Robert F. Kennedy was scheduled for the opening day as luncheon speaker, but then learned that he had to be on the floor of the Senate at 2 p.m. that day. Plans were shuffled, programs realigned and Senator Kennedy gave the



Sen. Robert F. Kennedy is interviewed

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les of whole communities in different countries; relation of smoking to accidents.

Better ways should be developed through research of helping people give up smoking who already have respiratory disease, cancer, or heart disease. Study is important of whether it is possible to produce less hazardous ways of smoking without interfering with efforts to get people to stop smoking.

ADDICTION, HABITATION, PHARMACOLOGY

The word "dependence," not giving priority to either psychological or biochemical factors, is preferred to describe those who show a continuing need to smoke. (WHO Expert Committee on Drug Dependence).

In dependents where psycho-social factors predominate, stopping smoking is relatively easy and withdrawal pains are slight. In others dependence is much stronger, seems to have pharmacological element and the dependence persists in the face of knowledge and experience of harmful effects.

A revolution in the attitude of administrators, physicians, and research workers is required if present gaps in our knowledge of dependence on cigarettes are to be filled. Studies are essential of smokers' reactions to nicotine and of the nature and duration of cigarette deprivation syndromes.

EXEMPLARS

Those whom others copy (parents, teachers, physicians, government leaders, etc.) should not smoke.

Smoking control programs must involve allied medical professions, civilian and military, allied educational professions; youth service professions; and prominent individuals such as athletes, TV personalities, public officials. Exemplars should themselves in general not smoke, certainly not when addressing youngsters.

Medical, dental and allied health societies should adopt resolutions citing the health hazards of cigarette smoking, should encourage their members to stop smoking, and should apply smoking control methods wherever possible.

Materials for physicians and other health counselors should stress the knowledge that for some smoking withdrawal is not as difficult as generally believed, the short as well as long term benefits of giving up cigarettes; the fact that it is better to switch to cigars or pipes if a patient cannot give up entirely; the role of community resources.

The transportation industry should be urged to give up the practice of free cigarettes and restrictions on smoking should be enforced. Movie and television industries should be persuaded to

eliminate, where possible, smoking by characters in films, etc.

TOWARDS A LESS HAZARDOUS CIGARETTE

Adequate means are now available to the tobacco industry for practical lowering of tar, nicotine and gaseous levels.

The industry should be encouraged to produce a less harmful cigarette by establishment of regulatory standards for use of the term "filter" cigarette, for limitations of the yield of tar and nicotine, for listing on all packages of tar and nicotine content.

Filter and non-smoking overlap should not be less than 30mm. in length and design of cigarettes to reduce inhalation should be stimulated. The ultimate proof for a less harmful cigarette must be in human experience; essential is a surveillance system in hospitals where smoking habits (by brands) of patients with cigarette-related diseases can be recorded.

EPIDEMIOLOGY

International collaboration is essential. Countries should periodically collect data on tobacco consumption by age and sex and on symptoms and diseases in relation to tobacco consumption.

Case control studies of coronary heart disease and other diseases should be undertaken in countries with widely differing risks to explore the range and variation of the association with smoking history and other factors. Additional prospective studies in countries with requisite technical resources are important.

Studies of the effects of stopping smoking are essential as is the evaluation of the results of anti-smoking campaigns and the trend of mortality and morbidity in those who do and do not change their smoking habits.

Studies of the relationships between other environmental factors (as air pollution) should make allowance for smoking habits because of their overwhelming effect in causation of lung cancer and chronic respiratory disease.